

Case Number:	CM14-0126830		
Date Assigned:	08/13/2014	Date of Injury:	09/19/2012
Decision Date:	02/06/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47 year old female with the injury date of 09/19/12. Per physician's report 07/07/14, the patient presents with anxiety and depression. "The patient has been appropriately identified for psycho-social intervention. The patient completed a psycho-social evaluation in which a need for further psycho-social intervention was indicated." The patient has completed functional restoration program(FRP). The patient had authorization of 2 psychology sessions and finished one session. The treater requested "6 psychology sessions to address depression and anxiety using cognitive behavioral strategies." The lists of diagnoses are:1) 1) Psychology sociological disorder2) 2) Depressive disorderPer 06/13/14 progress report, the patient has shoulder pain at 7/10 and psycho-physiological disorder. "[The patient] is happier since finishing the FRP though she still has pain." The patient continues to do exercise and stretches. Per 05/05/14 progress report, the patient uses "active modalities to manage pain and stress; diaphragmatic breathing, exercise, mindfulness, music, art, at-home physical therapy exercise, communication, humor, distraction, positive-self talk, asking for support, healthy posture, socialization, healthy body mechanics, ice mechanics, ice, medication, stretching, beginning to reconstruct unrealistic negative thinking, etc.," The utilization review determination being challenged is dated on 07/16/14. Treatment reports were provided from 11/15/13 to 07/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pain Psychology Sessions QTY 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 398, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for depression.

Decision rationale: The patient presents with left shoulder pain and psycho-physiological disorder. The request is for 6 PSYCHOLOGY SESSIONS. The patient has recently completed functional restoration program and the treater would like to provide additional psychological treatments. Regarding psychological treatments, ACOEM page 398 further states "It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks." MTUS page supports "behavioral interventions" for chronic pain, and ODG supports CBT for major depression and anxiety disorders, up to 20 sessions initially and possibly up to 50 sessions if progress is being made. The utilization review letter 07/16/14 indicates that 2 psychology sessions were already authorized. The reports do discuss psychological distress and the present need for psychology sessions. The treater is concerned as the patient has continually noted that she is depressed. MTUS and ODG guidelines support CBT for major depression. The patient has had functional restoration program and is making progress. The request for additional individual CBT sessions appear reasonable. The request for 6 psychology sessions IS medically necessary.